

NAME (LAST)	(FIRST)	(M.I.)

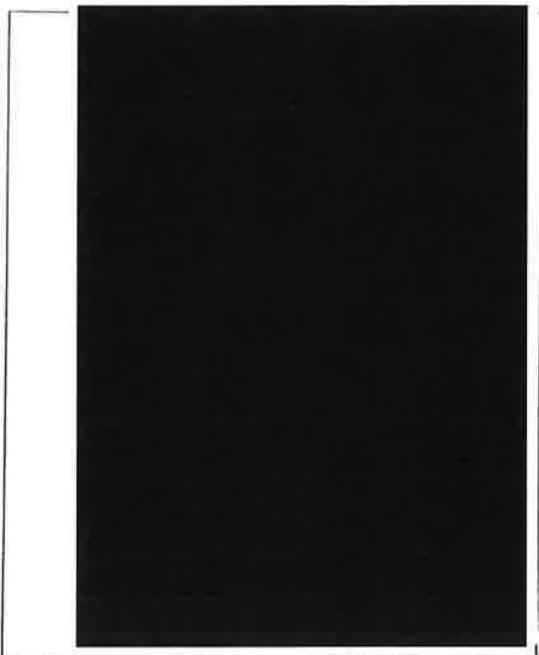
EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)

DATE OF PHOTOGRAPH:

CPO - 62.328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE

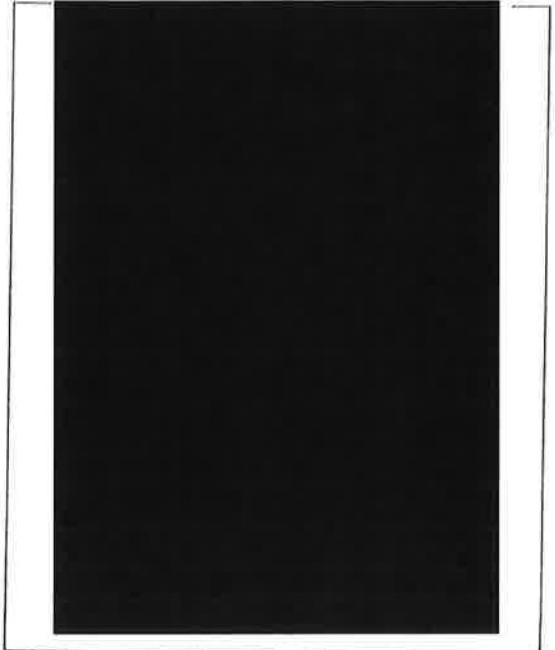


NAME (LAST)	(FIRST)	(M.I.)

EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)

DATE OF PHOTOGRAPH:



CPD - 62,328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE

ACTION INVOLVED

- NEW HIRE
 TRANSFER INTO DEPT.
 REHIRE
 PRIVATE POLICE OFF.
 SPECIAL POLICE

EMPLOYMENT RECORDS ROUTING SLIP

STAR NO.

, PREPARE IN QUADPLICATE: BLUE COPY TO FINANCE DIVISION
 PINK COPY TO FINANCE DIVISION - PAYROLL
 GREEN COPY TO F.B.I.-IDENTIFICATION SECTION
 WHITE COPY TO CPD IDENTIFICATION SECTION

DATE APPOINTED

PRESS HARD

NAME (LAST - FIRST - M.I.) O'Brien, James J.	MAIDEN NAME	EMPLOYEE NO.
ADDRESS [REDACTED]	ZIP CODE 60655	RES.DIST. UNIT
HOME PHONE [REDACTED]	MARITAL STATUS Single	SOCIAL SECURITY NO. [REDACTED]
BIRTHDATE (MO.-DAY-YR.) [REDACTED] 59	PLACE OF BIRTH [REDACTED]	SEX m
TITLE CHANGE [REDACTED]	POSITION TITLE 9161 Police Officer	RACE x o i n s
<input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> TITLE CHANGE ONLY	BUDGET ACTIVITY SECTION PAGE LINE	C.S. STATUS GRADE STEP [REDACTED]
<input type="checkbox"/> PRINTS ON FILE COMMENTS [REDACTED]	DID YOU EVER WORK IN THE CITY SERVICE? IF YES, WHAT POSITION DID YOU HOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHARITY AMT. [REDACTED]
ACTION INITIATED BY		DATE
IDENTIFICATION CLEARANCE		DATE
FINGERPRINTED LOCAL & F. B. I. AT IDENT. SECTION JUN 12 1986		INITIAL & DATE
NO RECORD IDENT. SECT. [REDACTED]		PAYROLL NO.
		RATE
RECORD INDICATED BY APPLICANT		APPOINTMENT DATE ANNIVERSARY DATE
F. B. I. [REDACTED]		CONT. SERVICE DATE SENIORITY DATE
NAME CHECK - RECORDS INQUIRY SECTION CHICAGO POLICE DEPARTMENT		PENSION SWORN INSURANCE
<input type="checkbox"/> RECORD INDICATED BY APPLICANT		DOCK FORCED GROSS
Arrest—name check only NO RECORD RECORD ATTACHED DATE [REDACTED] CHECKED BY [REDACTED]		PROMOTION DATE EMPLOYEE NO.
CODED BY		ENTERED BY VERIFIED BY
SIGNATURE OF PERSON EXAMINING FILE		

Transaction Control Number
[REDACTED]

LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BOX	
NAME NAME		FIRST NAME	
O'Brien		James	
LAST NAME		MIDDLE NAME	
[REDACTED]		[REDACTED]	
CITY STATE		CITY STATE	
CHICAGO IL		CHICAGO IL	
R		P	
PD		ILC	
[REDACTED]		[REDACTED]	
DATE OF BIRTH		DATE OF BIRTH	
01/01/1950		01/01/1950	
YEAR		YEAR	
SSN		SSN	
[REDACTED]		[REDACTED]	
WORKING GRADE		WORKING GRADE	
[REDACTED]		[REDACTED]	
CLASS		CLASS	
[REDACTED]		[REDACTED]	
ARMED FORCES NO		ARMED FORCES NO	
[REDACTED]		[REDACTED]	
PERSONAL RESPONSIBILITY NO		PERSONAL RESPONSIBILITY NO	
[REDACTED]		[REDACTED]	
MISCELLANEOUS NO		MISCELLANEOUS NO	
[REDACTED]		[REDACTED]	
APR		PROB POLICE OFFICER	
1/26/86		[REDACTED]	
FINGERPRINTS		[REDACTED]	
CHICAGO POLICE DEPARTMENT		[REDACTED]	
1121 S. STATE ST.		[REDACTED]	
CHICAGO, ILLINOIS 60605		[REDACTED]	



City of Chicago
Employee Change-of-Address Form

Department Police Bureau _____

Name O'BRIEN, Thomas W.

Position title Probationary Police Officer

Social Security number XXXXXXXXXX

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address XXXXXXXXXX Zip Code 60655

New Address XXXXXXXXXX Zip Code 60655

Effective Date 1-12-87

New Phone Number _____

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed XXXXXXXXXX

Date 1-9-87

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60432-4075

CHICAGO POLICE DEPARTMENT
3510 SOUTH MICHIGAN
CHICAGO, IL 60653

PURSUANT TO A FINGERPRINT BASED SEARCH USING THE FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, THE FILES OF THIS BUREAU FAILED TO REVEAL ANY CRIMINAL RECORD FOR THIS SUBJECT. THIS FINGERPRINT CARD IS BEING RETAINED BY THE BUREAU OF IDENTIFICATION.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE FEEL FREE TO CONTACT THE BUREAU OF IDENTIFICATION AT (815) 740-5160.

IDENTIFIERS

DCN [REDACTED]

TCN: [REDACTED]

SUBMISSION TYPE: APP RESULT: NEW SID CREATED SID [REDACTED]

Name: O'BRIEN, JAMES W

Sex Code: M

Race Code: W

DOB: [REDACTED] 1958

STATE USE ONLY

WARNING: Release of this information to unauthorized individuals or agencies or misuse is prohibited by Federal Law
Title 42 USC 3787g pertaining to criminal history information.



City of Chicago
Employee Residency Affidavit

Department Chicago Police Bureau IN 1 T 044
Name O'BRIEN, James W.
Position title Probationary Police Officer
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.
[REDACTED]

My address is: Chicago, IL zip code 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 13 Oct, 86

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

0165-4595 16 31900

[REDACTED] 58 M 05-06-86 86 [REDACTED]

PURSUANT TO THE DIVISIONS OF THE ILLINOIS VEHICLE CODES THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE.

JAMES W. O'BRIEN

[REDACTED]
CHICAGO 50655

SEX	01901	WHITE	1962	101	01900	1962	Y	1958
M	16	05	220	ARM	BLUE	2	06	21-85 A * 0-0-0 11-06-87

FILE NUMBER	DATE OF ARREST	DATE OF ACTION	DESCRIPTION OF ACTION	ACCIDENT OR DOCKET NO	TERMINATION DATE OF ACTION	STOP IN EFFECT
NO CONVICTIONS ON RECORD END OF RECORD *						

[REDACTED]
Secretary of State

(SEE REVERSE FOR EXPLANATION OF CODES AND COLUMN HEADINGS)

County of Cook
TY OF CHICAGO

STAR 8825

JAMES W. O'BRIEN

(PRINT)

Police Officer

having been appointed to the

I, _____
office of _____
do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

scribed and sworn to before me, this

26 day of Dec 1986

SIGNATURE

26 DEC 86

ADDRESS

(PRINT)

60655

NOTARY PUBLIC

;PD 62.153 (2/74)

SOS 042836 2002

STAY VALID

O'BRIEN JAMES W.

CHICAGO 60655
SEX/M DOB/ 10 MGT/6/00 AGT/220 HAIR/BRO EYE/BLU
OLN/ OLC/A& OLT/DUP EXP/11/687 153/062165
RES/NOGE
NO STOPS IN EFFECT
NO CONV LAST 12 MO
END

003

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL

TO: DEPT OF POLICE
RE: O'Brien, James

THE ABOVE EMPLOYEE HAS ATTAINED CAREER SERVICE STATUS AS OF 10/13/87 IN THE TITLE OF POLICE OFFICER

ACKNOWLEDGEMENT OF RESPONSIBILITY

Date 5 Oct 95

SICKEN

I, James C. O'Brien, do hereby acknowledge receipt
of a Chicago Police Department Photo identification card. I
understand that I am bound by all Department directives regarding
the possession, display and use of this card.

Signature

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

DATE

610

Detective

12 Nov 98

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

O'Brien, James W) 20464

PRIMARY EMERGENCY NOTIFICATION



SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: **COMMANDER OF POLICE PERSONNEL**

FROM: NAME: James O'Brien

TITLE: Detective

SOCIAL SECURITY NO: [REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.

SIGNATURE: [REDACTED]

DATE: 24 Jan 03

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL
FROM: NAME: James W. O'Brien
TITLE: Detective
EMPLOYEE NUMBER: XXXXXXXXXX
SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: XXXXXXXXXX

DATE: 24 Jan 05

WITNESS SIGNATURE: XXXXXXXXXX

DATE: 24 Jan 05

Person Making Designation of Beneficiary: James W. O'Brien
Print name (first, middle, last)

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:

[REDACTED]

Print name (first, middle, last) of person making designation of beneficiary:

James W. O'Brien

Address:

Chicago, IL 60655

Date of Birth: 58

Social Security Number:

Place of Employment under the Act: CHICAGO POLICE DEPARTMENT

Address: 1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness:

Signature of person making designation of beneficiary:

Address of Witness:

5101 S Wentworth

Chicago, IL

Date: 2 Dec 98

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

RECORD/DOCUMENT REQUEST
OFFICE OF LEGAL AFFAIRS/CHICAGO POLICE

DATE
14 Dec 93

TO: DIRECTOR
PERSONNEL DIVISION

CHICAGO POLICE

FROM: OFFICE OF LEGAL AFFAIRS
TELEPHONE 747-8448, PAX 0-484

CASE NAME

JACKSON V CITY POLICE PERSONNEL DIVISION

16 DEC 93 07 50

OLA NO

93-188

Attached hereto is a photocopy of a request(s) from the Department of Law for certain records or documents. Please review this request and send complete copies of these documents requested which are under the control of your unit.

Please provide these records or documents on or before 20 Dec 1993

PLEASE RETURN THIS AND THE ATTACHED SHEET WITH THE DOCUMENTS YOU PROVIDE THIS OFFICE.

Please indicate below any documents you have NOT provided as requested and give the reason.

REPORT(S) NOT PROVIDED	REASON				
	BEYOND RETENTION SCHEDULE	NOT FOUND	REPORT DELAYED	SKIPPED R.D.	INSUFFICIENT INFO PROVIDED/ OTHER
<input type="checkbox"/> PERSONNEL FILE					
<input type="checkbox"/> MEDICAL FILE					
<input type="checkbox"/> PSYCHOLOGICAL FILE					
<input type="checkbox"/> HOSPITAL BILLS					
<input type="checkbox"/> PERSONNEL CONCERNS RECORD					
<input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> OTHER (DESCRIBE)					

PERSON ANSWERING THIS INQUIRY MUST SIGN HERE

Unless otherwise indicated above, by your signature you attest that you have completely filled the attached request.

SIGNATURE	PRINT NAME	STAR NO	DATE
-----------	------------	---------	------

CPD-12.135 (REV. 12/92)

✓

ALL INFORMATION REQUESTS MUST BE MADE ON THIS FORM

NO TELEPHONE REQUESTS WILL BE HONORED

Please type

TO: THE OFFICE OF LEGAL AFFAIRS
CHICAGO POLICE DEPART[REDACTED]

FROM: LAW DEPARTMENT, ACC [REDACTED]

Phone # 744-0747 Date: 12 / 10 / 93 Please Respond By 12 / 27 / 93

400

9

Re: Attorney General of Illinois
Room 300 - 188 W. Randolph St.
Chicago, Illinois 60601

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMEN COMPENSATION ACT," hereby designate the following as beneficiary or beneficiaries, in the event that the \$50,000 benefits are payable by reason of my death in the line of duty:

Complete Name & Address
of Each Beneficiary

Relationship,
if any

% Share

The image shows a standard sheet of handwriting practice paper. It features four distinct rows, each containing three sets of horizontal lines. Each set is composed of three lines: a solid top line, a dashed middle line, and a solid bottom line. The rows are evenly spaced vertically across the page.

Print Name James William (first) (middle) (last)

Address: _____

Date of Birth: 7-58 Social Security #:

Place of Employment under the Act: Chicago Police Department

Address: 1121 South State St. Chicago, Illinois 60605

(Signature of witness)

series)

(Address of witness)

TO: COMMANDING OFFICER, PERSONNEL INVESTIGATIONS.

FROM: Det. S Goluck

BACKGROUND INVESTIGATION OF [NAME] JAMES O'Brien

[SSN]

[RACE] W

[D.O.B.]

1952

[ADDRESS]

[ZIP] 60655

[HOM. PHONE]

[Wk. PHONE]

[INTERVIEW DATE/ TIME/ LOCATION] 29 Aug 86 11:00 AM

DATE 29 Aug 86

EXAM # 50003-4

CASE # 86P2512

MEETS BACKGROUND STANDARDS IF "YES" BOX IS CHECKED (CODE)

DOES NOT MEET BACKGROUND STANDARDS IF "NO" BOX CHECKED

SECTION I:

- A. PERSONAL HISTORY QUESTIONNAIRE COMPLETED
 B. BACKGROUND INVESTIGATION COMPLETED
 C. CONFORMS TO ALL STANDARDS

ATTACHMENT REQUIRED
CHECK BOX

SECTION V: PROOF OF RESIDENCY

- AGE (1)
 RESIDENCY / PROOF OF RESIDENCY (2)
 EDUCATION / TRANSCRIPTS or GED (3)
 MEDICAL / MEDICAL DOCUMENTS (4)

SECTION II: PAST CRIMINAL RECORD

- A. FELONIES - FORCIBLE (5)
 B. CRIMES - OTHER (6)
 C. HARD DRUGS (7)
 D. MARIJUANA (8)
 E. SEX OFFENSES AND BODILY HARM (9)
 F. CRIMINAL DAMAGE AND TRESPASS (10)
 G. GUNS (11)
 H. AUTOMOBILE (12)
 I. DISORDERLY CONDUCT (13)
 J. CRIMINAL ACTS (14)

SECTION III: PAST EMPLOYMENT & JUDGMENTS

- A. JUDGMENTS (15)
 B. PREVIOUS EMPLOYMENT (16)

SECTION IV: MILITARY HISTORY

- A. TYPE OF DISCHARGE DD214 (17)
 B. MILITARY RECORDS / OFFENSES (IF APPLICABLE) (18)

SECTION VI: PERSONAL HISTORY QUESTIONNAIRE

- FALSE STATEMENTS (19)

SECTION VII: WAIVER

- WAIVER / INITIAL DATE (20)

Site # 8825
Emp # [REDACTED]



City of Chicago
Department of Personnel
Room 1101 - City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

CITY OF CHICAGO APPLICATION FORM

PLEASE PRINT PRESS FIRMLY

Notice of Job Opportunity Title and Title Code No.

NAME
D. BROWN
Last
First
M.I.

PRESENT ADDRESS [REDACTED]	NO. [REDACTED] Street	City	State	Zip	Ant. No. P.O. Box	Home Phone
SOCIAL SECURITY NUMBER [REDACTED]		BIRTHDATE [REDACTED] 5-9	OPPORTUNITY-AFFIRMATIVE ACTION			
LAST NAME [REDACTED]	First Name [REDACTED]	M.I. [REDACTED]				
MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>					

Date **10-1-1981**

WHITE DEPARTMENT OF PERSONNEL COPY
YELLOW APPLICANT RECEIPT COPY
AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER

Signature
[REDACTED]



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE *CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: Det. James O'Brien
RANK/TITLE: DETECTIVE
PC NUMBER: [REDACTED]
EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE [REDACTED]

DATE: 17 FEB 2007

WITNESS' SIGNATURE: [REDACTED]

DATE: 17 FEB 07

STATE OF ILLINOIS }
County of Cook }
I,

JAMES J. KUMPER, JR., County Clerk of the County of Cook, in the State
aforesaid, and Keeper of the Records and Seal of said County, do hereby certify that the
attached is a true and correct copy of the original record on file, all of which appears from
the records of said office, a true copy.

IN WITNESS WHEREOF, I have caused to set my hand and
affixed the Seal of the County of Cook, at my office in the City of
Chicago, in said County,

PERSONAL HISTORY QUESTIONNAIRE CHICAGO POLICE DEPARTMENT		1. POSITION APPLIED FOR / EXAMINATION <input checked="" type="checkbox"/> POLICE OFFICER / NO. <u>50003</u>	OTHER - SPECIFY <input type="checkbox"/>	2. DATE <u>27 Apr. 86</u>
3. NAME (LAST - FIRST - M.I.) <u>O'Brien, James W.</u>	(PRINT)	4. MAIDEN NAME (if appl.) <u>N/A</u>	5. HOME PHONE [REDACTED]	6. BUSINESS PHONE [REDACTED]
7. HOME ADDRESS (STREET NO. & NAME) [REDACTED]		(APT. NO.) (CITY) [REDACTED] <u>Cook, Chicago, IL 60655</u>	(CITY & STATE, ZIP CODE) 8. SOCIAL SECURITY NO. [REDACTED]	

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible.

RIGHT TO APPEAL

If the Chicago Police Department finds you to be "not qualified," this finding will be forwarded to the Department of Personnel.

After the Department of Personnel receives the finding that you are to be found "not qualified," the Department will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, check the appropriate box and mail the form back to the Chicago Department of Personnel. If you do not mail the form to the Department within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel.

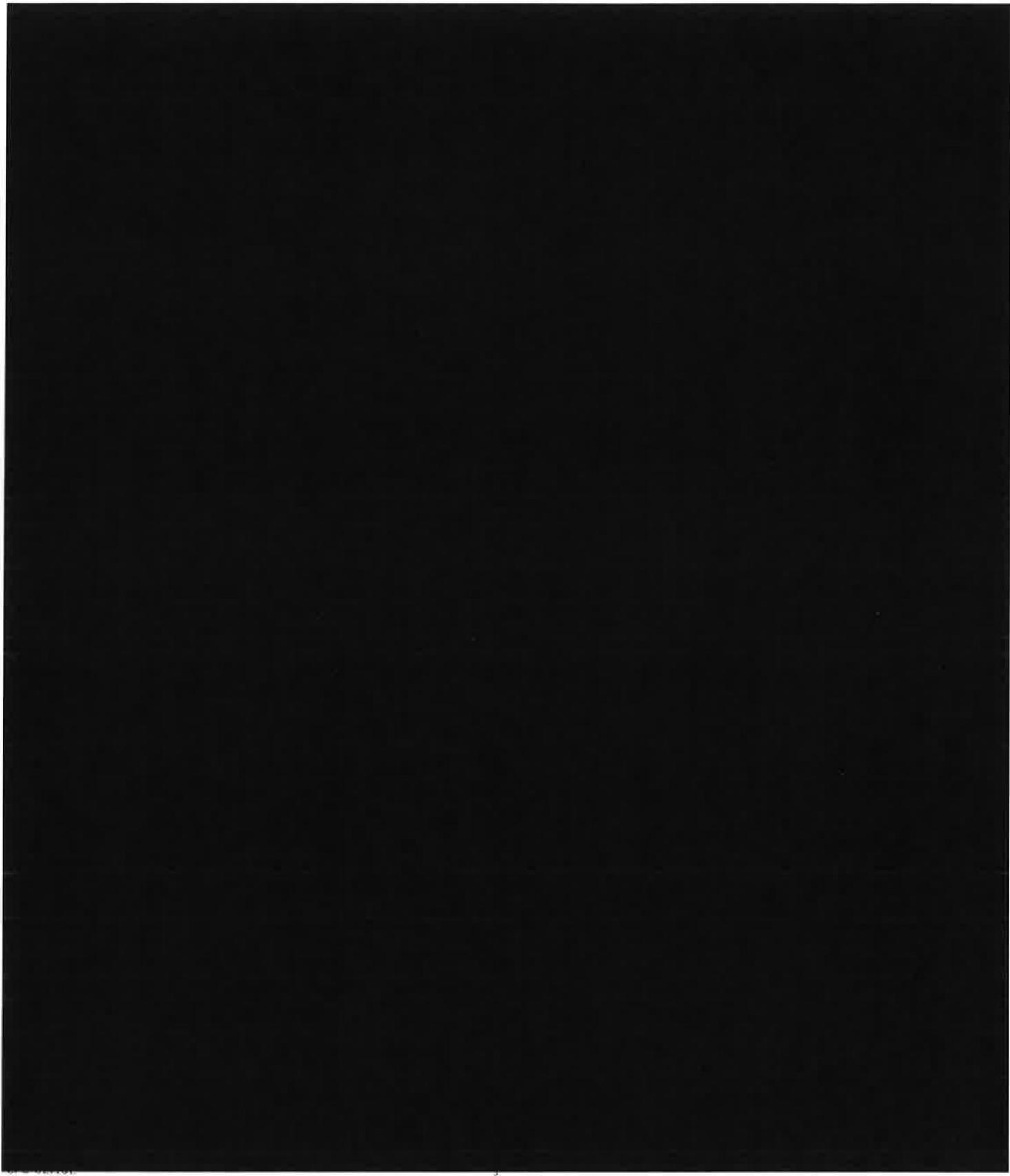
If you desire a hearing, you may be represented by counsel at such hearing. Any hearing before the Department will be conducted in accordance with the Rules of the Department of Personnel.

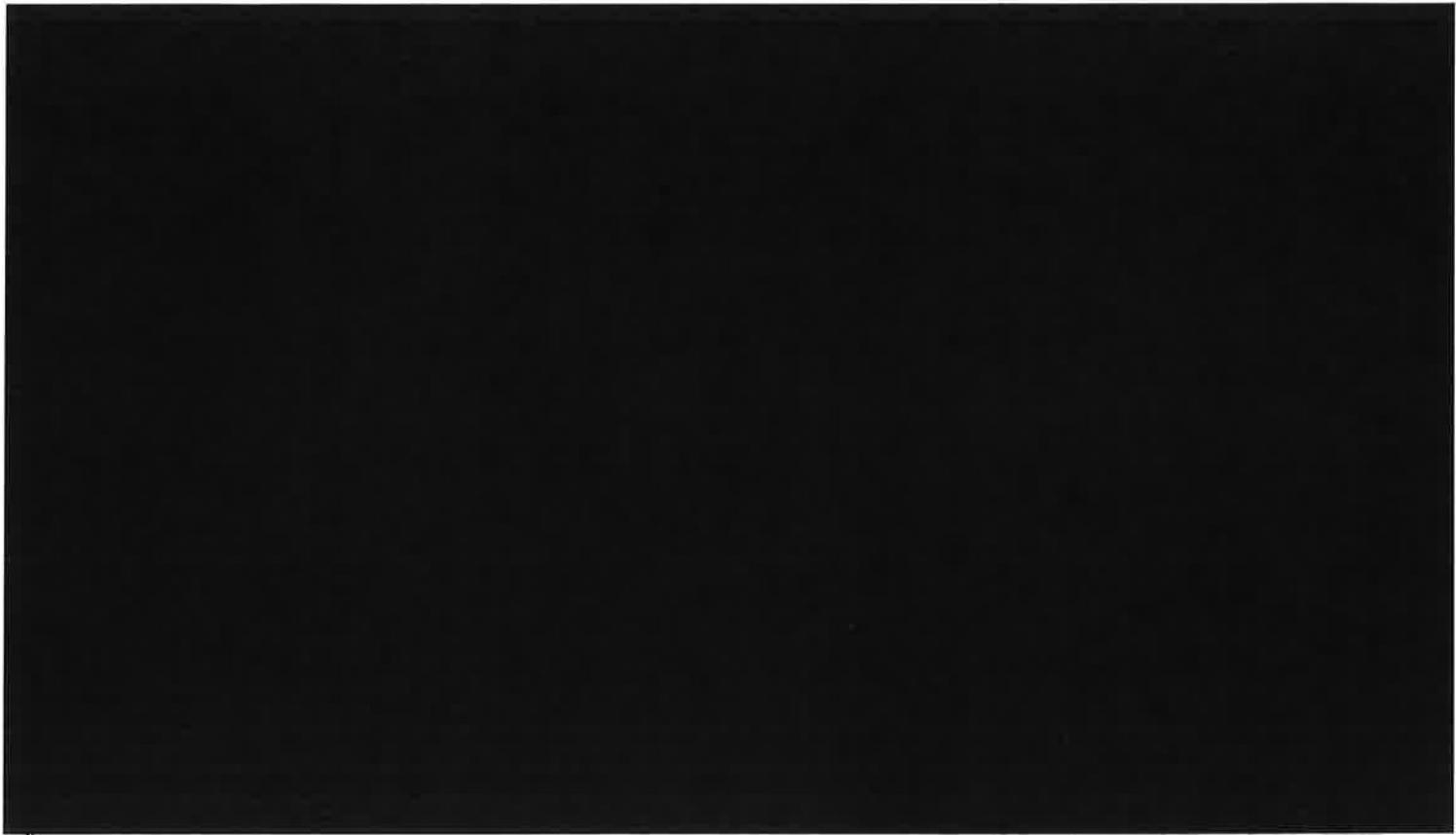
I understand that all of the appeal procedures are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

I have read and I understand all of the above instructions applying to this (police officer) preinterview questionnaire.

DATE
27 Apr. 86

CPD:62.152





CONTINUATION SECTION

[REDACTED] DATE

27 Apr, '86

CHICAGO POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, James W. O'Brien, do hereby authorize a review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

SIGNATURE (include maiden name) [REDACTED]

ADDRESS: [REDACTED]

Chicago, IL 60655

PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED] 58

SOCIAL SECURITY NO. [REDACTED]

WITNESS: [REDACTED]

DATE 4-27-86